

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713023

Entity Name: SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC. .**Current Principal Place of Business:**6215 SAUTERNE DR
JACKSONVILLE, FL 32210**Current Mailing Address:**P O BOX 7728
JACKSONVILLE, FL 32238-7728 US**FEI Number:** 59-6215576**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAWSON, MICHAEL E
4366 EDGEWATER CROSSING
JACKSONVILLE, FL 32257 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHAEL E LAWSON

01/17/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LAWSON, MICHAEL E
Address 4366 EDGEWATER CROSSING
City-State-Zip: JACKSONVILLE FL 32257

Title RECORDING SECRETARY
Name COPE, SHARON
Address PO BOX 551427
City-State-Zip: JACKSONVILLE FL 32255

Title 1VP
Name CLAY, CAROL
Address 1931 WEB FOOT PLACE
City-State-Zip: ST. JOHNS FL 32259

Title TR
Name CLAY, GARRY
Address 1931 WEB FOOT PLACE
City-State-Zip: ST. JOHNS FL 32259

Title CORRESPONDING SECRETARY
Name DUCLOSE, ELIZABETH
Address 2512 HERSCHEL ST
City-State-Zip: JACKSONVILLE FL 32204

Title 2VP
Name MASTERS, ALANA
Address 4710 CEDARWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title HISTORIAN
Name MCKENNEY, JAMES
Address 8226 LAKE WOODBURN DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARRY C. CLAY**TREASURER**

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date